

City of Dunwoody



BEER WHOLESALE EXCISE TAX RETURN

Business Number: _____

Month of: _____

Business Name: _____

Business Address: _____

City Issuing License: _____

Each wholesaler selling malt beverages to dealers selling malt beverages within the City of Dunwoody, must collect a specific tax in the amount of \$0.05 per 12 ounces, or proportionate part thereof as to graduate said amount of tax on smaller containers, and an excise tax on draft beer of \$6.00 per container of not more than 15 1/2 gallon size, or proportionate part thereof within a bulk container commonly used for tap or draft beer sold by each wholesale dealer within the City of Sandy Springs. **This tax is due and payable to the City of Sandy Springs monthly on or before the 15th day of the month following the month the tax was collected.** Failure to pay by the due date will subject the licensee to the penalty and interest on the tax due. Remittance shall be accompanied by a statement under oath from a responsible person employed by the wholesaler showing the total sales of each type of malt beverage, by volume and price, disclosing for the preceding calendar month the exact quantities of malt beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of malt beverages in the City of Dunwoody. Returns remitted by mail must be postmarked by the 15th of the month due. For example, the tax collected for the month of January is due and payable on or before February 15th.

Column: 1	Column: 2	Column: 3	Column: 4	Column: 5	Column: 6
Size of Container	Beginning Inventory	Ending Inventory	Total Sold	Tax Per Container	Tax Due:
7 oz.				\$0.0292	
8 oz.				0.0333	
12 oz.				0.0500	
14 oz.				0.0583	
16 oz.				0.0667	
32 oz.				0.1333	
1/2 barrel (15- 1/2 gal.)				6.00	
1 barrel (31 gal.)				12.00	

This return is subject to audit:

1. Multiply columns 4 and 5 to determine tax due amount payable (column 6)\$ _____
2. Penalty (add 15% of column 6 if submitted after the 15th of the month):+\$ _____
3. Total Amount Due:..... \$ _____

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Printed Name: _____ Date: _____

Signed: _____ Title: _____

Business Phone: _____ Fax: _____

Please return this form with remittance to:

City of Dunwoody
ATTN: Finance and Administration
PO Box 888074 Dunwoody, GA 30356